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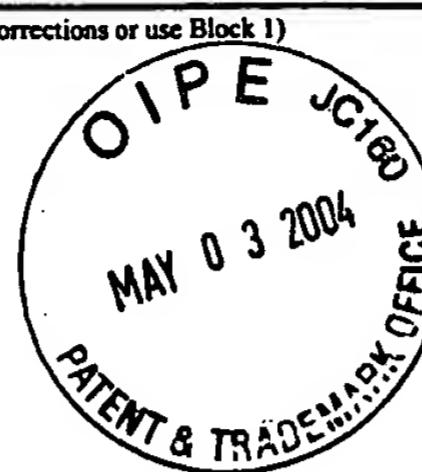
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7590 04/07/2004

Alan J Grant
Carella Byrne Bain Gilfillan Cecchi Stewart &
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6 Becker Farm Road
Roseland, NJ 07068



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ALAN J. GRANT

(Depositor's name)

Alan J. Grant

(Signature)

4/27/04

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/645,835	08/25/2000	Scott Koenig	469201-493	4179

TITLE OF INVENTION: PNEUMOCOCCAL PROTEIN HOMOLOGS AND FRAGMENTS FOR VACCINES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	07/07/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
KAM, CHIH MIN	1653	435-002000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 ELLIOT M. OLSTEIN

2 ALAN J. GRANT

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

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MEDIMMUNE, INC.

Gaithersburg, MD

Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

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Issue Fee
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(Authorized Signature)

Alan J. Grant

(Date)

4/27/04

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